

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 954 W Empress Ave Apt 123 Allentown
 Address of Defendant: 700 Northern Boulevard BROOK-
 Place of Accident, Incident or Transaction: Ville NY 11548

PA 1810

RELATED CASE, IF ANY:

Case Number: _____ Judge: _____ Date Terminated: _____

Civil cases are deemed related when **Yes** is answered to any of the following questions:

- | | | |
|--|------------------------------|--|
| 1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

I certify that, to my knowledge, the within case ☒ is / ☐ is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 07/05/19

F. H.
Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

CIVIL: (Place a ✓ in one category only)

A. Federal Question Cases:

- ☐ 1. Indemnity Contract, Marine Contract, and All Other Contracts
☐ 2. FELA
☐ 3. Jones Act-Personal Injury
☐ 4. Antitrust
☐ 5. Patent
☐ 6. Labor-Management Relations
☐ 7. Civil Rights
☐ 8. Habeas Corpus
☐ 9. Securities Act(s) Cases
☐ 10. Social Security Review Cases
☐ 11. All other Federal Question Cases
 (Please specify): _____

B. Diversity Jurisdiction Cases:

- ☐ 1. Insurance Contract and Other Contracts
☐ 2. Airplane Personal Injury
☐ 3. Assault, Defamation
☐ 4. Marine Personal Injury
☐ 5. Motor Vehicle Personal Injury
☐ 6. Other Personal Injury (Please specify): _____
☐ 7. Products Liability
☐ 8. Products Liability – Asbestos
☒ 9. All other Diversity Cases
 (Please specify): _____

ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, _____, counsel of record or pro se plaintiff, do hereby certify:

- ☐ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:
☐ Relief other than monetary damages is sought.

DATE: _____

F. H.
Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

FRANTZCBAU Hyppolite

CIVIL ACTION

v.

long island university

NO.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ()
- (f) Standard Management – Cases that do not fall into any one of the other tracks. ()

Date

07/05/19

Attorney at-law

F. J. A.

Attorney for

Telephone

(484) 935-9016

FAX Number

E-Mail Address

FRANTZCBAU.Hyppolite
@YAHOO
.com

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

FRANTZCREAU Hippolyte

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Long Island
University

COMPLAINT

Jury Trial: ☐ Yes ☐ No

(check one)

The school refused to release my degree by going to Long Island University. I have a total of \$140,000. I only hold the school less than \$15,000. The school has a law firm freeze my account for \$22,000 without taking me to court. Because the law firm freeze my account, I am unable to pay my student loan.

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

FRANTZCREAU Hippolyte
954 W Emmaus Ave Apt 123
Allentown PA 18103
(484) 935-9016

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Street Address

County, City

State & Zip Code

Long Island University
 100 Northern Boulevard
 Levitt Brookville
 NY 11548

Defendant No. 2

Name

Street Address

County, City

State & Zip Code

Defendant No. 3

Name

Street Address

County, City

State & Zip Code

Defendant No. 4

Name

Street Address

County, City

State & Zip Code

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)
☐ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? check below

B. What date and approximate time did the events giving rise to your claim(s) occur? on June 05/19, I went to the store to buy some money order to my bills

C. Facts:

I swipe my card, it was declining. I went to the store to buy some money order to my bills. When I called the pre-pay card bank, they told me Kevin A. Stevens law offices freezes it for \$22,000 more than that I hold the school. I send the law firm a verification letter to validate my debt. He never responses back to me. I think He freezes my money without taking to court. I did not serve a court letter.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I can't pay my bills.
I have student loans to pay
every month.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I am seeking money to pay
my student loans.
I am willing to pay the school
if they promise to release
degree. I am paying student
loans for a degree. I don't
even have yet. I need the school
to release my degree. I find a
better. Long Island universi-
ty destroys my life.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 07 day of 05, 2019.

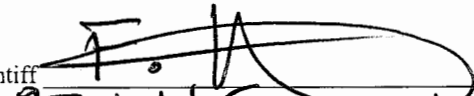
Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address


954 W Emmaus Ave
Apt 123 Allentown
PA 18103
(484) 935-9016
FRANTZCEAU, Hippolyte

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Inmate Number _____



N/R X **OK** **30** **60** **90** **120** **COL** **VS** **RPO** **C/O**
 Not Unknown Current 30 days 60 days 90 days 120+ days Collection Voluntary Repo- Charge
 Reported late late late late Surrender session

Adverse Accounts

Adverse information typically remains on your credit file for up to 7 years from the date of the delinquency. To help you understand what is generally considered adverse, we have added brackets to those items in this report. For your protection, your account numbers have been partially masked, and in some cases scrambled. Please note: accounts reported as "Current; Paid or paying as agreed" if paid within 30 days of the due date. Accounts reported as Current may still incur late fees or interest charges if not paid by the due date.

ACS/NELNET #53884****

501 BLEEKER STREET
UTICA, NY 13501
(800) 835-4611

Date Opened:	03/21/2007	Balance:	\$0	Pay Status:	Current
Responsibility:	Individual Account	Date Updated:	01/09/2015		Agreed
Account Type:	Installment Account	Payment Received:	\$25	Terms:	\$0 per month for 24 months
Loan Type:	STUDENT LOAN	Last Payment Made:	01/07/2015	Date Closed:	01/09/2015
		High Balance:	\$37,273		>Maximum Delinquency of 120 days and in 10/2014<

Remarks: CLOSED

	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014
Rating	X	X	120	120	120	120	90	60	OK

	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013	06/2013
Rating	X	120	120	120	120	90	60	OK	OK

	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	10/2012	09/2012	08/2012
Rating	X	X	X	X	X	X	X	X	X

	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011
Rating	X	X	X	X	X	X	X	X	X

	08/2011
Rating	OK

LONG ISLAND UNIVERSITY #65710538845****

100 GLOBAL VIEW DRIVE SUITE 800
WARRENDALE, PA 15086
(516) 299-2545

Date Opened:	04/30/2008	Balance:	\$0	Pay Status:	>Account Closed
Responsibility:	Individual Account	Date Updated:	11/30/2013		a Collection
Account Type:	Installment Account	Payment Received:	\$2,886	Terms:	\$40 per month
Loan Type:	STUDENT LOAN	Last Payment Made:	11/25/2014		Quarantined
		High Balance:	\$2,000	Date Closed:	11/30/2013

TransUnion^{tu}

\$ 14,300

Report Create
File Nu**Personal Information**

SSN: XXX-XX-4562

Your SSN has been masked for your protection.

You have been on our files since 06/01/2000

Date of Birth: 08/12/1977

Names Reported: FRANTZCEAU F. HYPPOLITE, FRANT CEAU HYPPOLITE, FRANTZGEAU F. HYPPOLITE and FRANTZLEAV HYPPOLITE**Addresses Reported:****Address**

954 W EMAUS AVE APT 123, ALLENTOWN, PA 18103-6639
 435 WYANDOTTE ST, BETHLEHEM, PA 18015-1529
 460 E 21ST ST APT 5F, BROOKLYN, NY 11226-6044
 602 E 91ST ST, BROOKLYN, NY 11236-1023
 485 OCEAN AVE APT 5, BROOKLYN, NY 11226-2971
 27 E 32ND ST APT 1, BROOKLYN, NY 11226-4207
 411 OCEAN AVE APT 1, BROOKLYN, NY 11226-1752
 485 OCEAN AVE APT 5C, BROOKLYN, NY 11226-2913
 104 W PAOLI ST 954 W EMAUS AVE APT 123, ALLENTOWN, PA 18103

Date Reported

02/28/2014
 07/26/2013
 08/01/2006
 05/13/2008
 07/31/2010
 07/13/2008
 01/01/2007
 07/08/2018

Telephone Numbers Reported:

(484) 935-9016	(484) 538-1485	(718) 856-3215	(917) 306-6407	(718) 713-6090	(610) 791-2509
(718) 252-5770	(935) 901-9016	(718) 495-2590	(718) 656-3215	(347) 232-2566	(718) 693-4911

Employment Data Reported:

Employer Name	Position	Date Verified
CINTAS	CLERK	11/24/2014
SHOP RITE	MANAGER	08/01/2006

Public Records

This section includes public record items from local, state and federal courts and other public record sources that TransUnion may have obtained itself or through a third-party vendor. In order to learn the identity of the third-party vendor (if any) that collected the public record item(s) in this section, please visit <https://www.transunion.com/legal/public-records>. Discharged Chapter 7 bankruptcy remains on your file for up to 10 years.

USBK COURT EASTERN NEW YORK Docket# 1242760

271 C CADMAN PLAZA EAST
 SUITE 1595
 BROOKLYN, NY 11201
 (347) 394-1700

Date Filed:	04/16/2012	Type:	CHAPTER 7 BANKRUPTCY DISCHARGED	Court Type:	US Bankruptcy Court
Date Paid:	07/24/2012	Responsibility:	Individual Debt	Plaintiff Attorney:	ROBER
Date Updated:	07/25/2012				

Estimated month and year that this item will be removed: 03/2022

Account Information

Typically, creditors report any changes made to your account information monthly. This means that some accounts listed below may not reflect the most recent account information reported by the creditor's next reporting. This information may include things such as balances, payments, dates, remarks, ratings, etc. The key(s) below are provided to help you understand the account information that could be reported.

Rating Key

Some creditors report the timeliness of your payments each month in relation to your agreement with them. The ratings in the key below describe the payments that you make to your creditors. Please note: Some but not all of these ratings may be present in your credit report.

7/4/2019

Yahoo Mail - Sample Validation Letter

Sample Validation Letter

From: Nicole Dodson (ndodson@consumerlawfirm.com)

To: Frantzceau.hyppolite@yahoo.com

Date: Thursday, June 6, 2019, 11:53 AM PDT

Debt Collector Validation: Information and Sample Letter

You can send a similar letter either by facsimile (**save fax receipt**) or by certified mail return receipt requested (**save signed receipt**) so that you have proof of the date the letter was received.

Sample Letter

Date

Your Name

Your Address Line 1

Your Address Line 2

Debt Collector

Debt Collector's Address Line 1

Debt Collector's Address Line 2

Dear Sir or Madam:

I request that you send written verification and validation of the debt appearing on my credit report, identifying: the original creditor, the original amount owed, date of charge-off and proof that I owe this debt to your company.

Sincerely,

7/4/2019

Yahoo Mail - Sample Validation Letter

(sign here)

Your name

Once the collector receives your letter, they should send you validation of the debt in question. Sending a letter to a debt collector to which you actually owe money will not get rid of this debt, however. You could still be sued by the creditor or collection agency.

Thank you,

Nicole Dodson

Nicole Dodson, Paralegal

1600 Market Street

Suite 2510

Philadelphia, PA 19103

P 215.735.8600

F 215.940.8000

E ndodson@consumerlawfirm.com

Firm Websites:

www.consumerlawfirm.com

www.creditreportproblems.com

LONG ISLAND UNIVERSITY

c/o Heartland ECSI
PO Box 1278
Wexford, PA 15090

PRESORTED ~~06/18/19~~ 06/17/2019

FIRST CLASS

US POSTAGE \$00

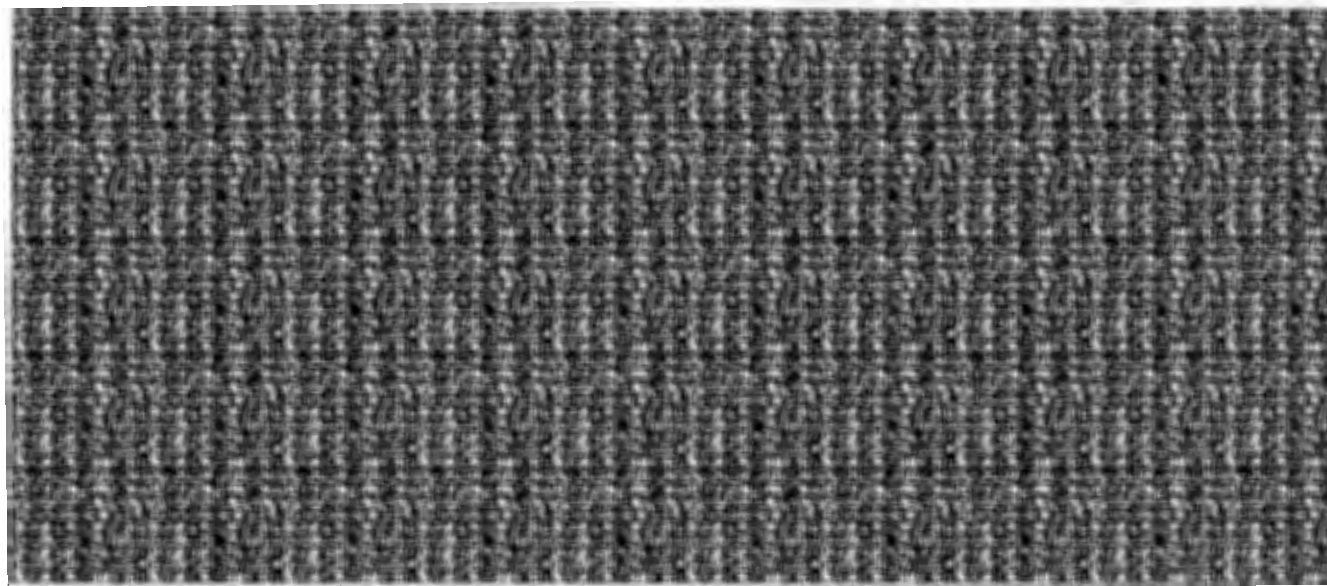
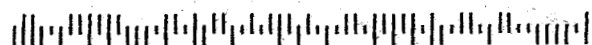


ZI
041V

IMPORTANT: Account Information Enclosed

FRANTZCEAU HYPPOLITE
954 W EMMAUS AVE
APT 123
ALLENTOWN PA 18103

DGDTMNB 18103



LONG ISLAND UNIVERSITY
c/o Heartland ECSI
PO Box 1278
Wexford, PA 15090

PRESORTED 06/18/19
FIRST CLASS

06/17/2019
US POSTAGE \$000.

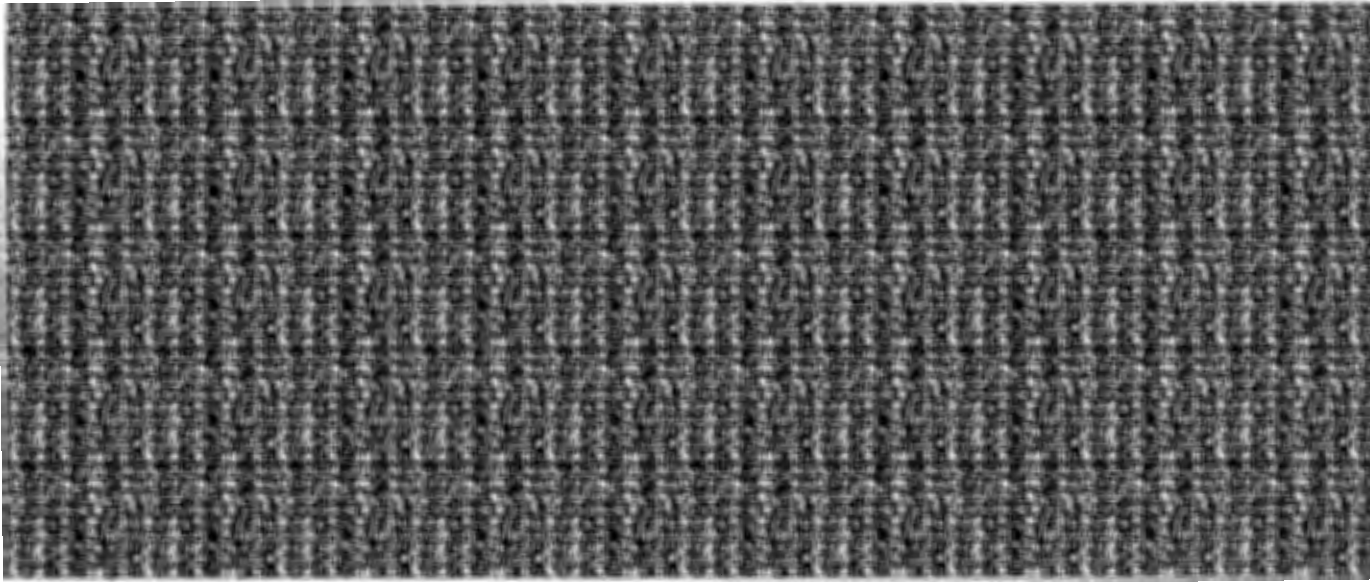
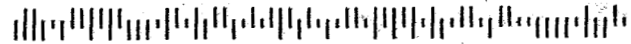


ZIP 15
041M114

IMPORTANT: Account Information Enclosed

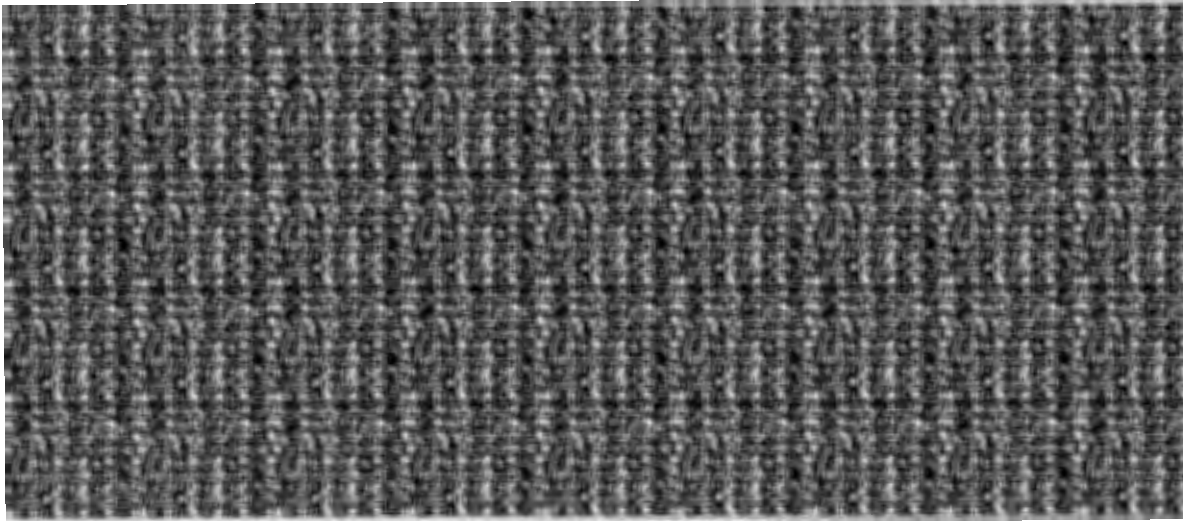
FRANTZCEAU HYPPOLITE
954 W EMMAUS AVE
APT 123
ALLENTOWN PA 18103

DGDTMB 18103



Amount	Name	SSN	Description
26.61	FRANTZCEAU HYPPOLITE	053884562	Loan Refund

	Borrower Address:	Payee Address:
RSITY	FRANTZCEAU HYPPOLITE	FRANTZCEAU HYPPOLITE
	954 W EMMAUS AVE	954 W EMMAUS AVE
EVARD	APT 123	APT 123
8	ALLENTOWN PA 18103	ALLENTOWN PA 18103



Amount	Name	SSN	Description
26.61	FRANTZCEAU HYPPOLITE	053884562	Loan Refund

	Borrower Address:	Payee Address:
RSITY	FRANTZCEAU HYPPOLITE	FRANTZCEAU HYPPOLITE
	954 W EMMAUS AVE	954 W EMMAUS AVE
_EVARD	APT 123	APT 123
18	ALLENTOWN PA 18103	ALLENTOWN PA 18103

